Elderly, Blind and Disabled (65+, 18-64)





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2017	Eff	Rate fective 01/2018	Unit Value	Comments
Adult Day Services											
Basic	S5105	UC				\$	24.52	\$	24.77	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.31	\$	31.62	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp											
All types except Adult Day				, or 10 <sup>2</sup>	1 round		•	_	•		
Taxi	A0100	UC	НВ			PUC	C*	PUC	C*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	\$	8.92	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	\$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	\$	24.46	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	\$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	тт	НВ		\$	19.81	\$	19.81	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	\$	26.98	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR*		NR*	•	Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se											
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items F	Purch	ased				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR*	•	NR*		Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda	ant Supp	ort Sei	vices	(CDAS	S)						
CDASS Homemaker	T2025	UC				\$	3.99	\$		15 Minutes	
CDASS Personal Care	T2025	UC				\$	3.99	\$	3.99	15 Minutes	
CDASS Health Maintenance	T2025	UC				\$	7.37	\$	7.37	15 Minutes	
CDASS Per Member Per	Month, B	y FMS	Vendo	or							
Morning Star Financial Services- FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC-FEA	T2040	UC				\$	103.21	\$	103.21	Month	

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Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. Version: 1.2 Date: 06/17/2019

Elderly, Blind and Disabled (65+, 18-64)

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2017	Effe	Rate ective 1/2018	Unit Value	Comments
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$14,000.00 Lifetime Maximum
Homemaker	S5130	UC				\$	4.38	\$	4.38	15 minutes	
In Home Support Service											
IHSS Health Maintenance	H0038	UC				\$	7.37	\$	7.44	15 minutes	
IHSS Homemaker	S5130	UC	KX			\$	4.38	\$	4.38	15 minutes	
IHSS Personal Care	T1019	UC	KX			\$	4.38	\$	4.38	15 minutes	
IHSS Relative Personal Care	T1019	UC	HR	KX		\$	4.38	\$	4.38	15 minutes	No limit on IHSS benefits provided by parents of adult children. All other relatives limited to 40 hours per week.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat All types except Adult Day		ed to 20	)8 trips	, or 10 <sup>2</sup>	1 round	l trips p	oer servi	ice pla	ın year		
Taxi	A0100	UC				PUC	*	PUC	*	1 Way Trip	
Mobility Van								•		<u> </u>	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	8.92	\$	8.92	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	16.44	\$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	24.46	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	19.81	1 Way Trip	

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Version: 1.2 Date: 06/17/2019

Version: 1.2

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Elderly, Blind and Disabled (65+, 18-64)

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 1/2017	Eff	Rate ective 01/2018	Unit Value	Comments
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	26.98	1 Way Trip	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC				\$	4.38	\$	4.38	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.38	\$	4.38	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem									
Install/Purchase	S5160	UC				NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	dar yea	r for Re	espite (	Care p	rovided	in an .	ACF, In I	Home, or a Nurs	ing Facility
ACF	S5151	UC				\$	57.81	\$	58.39	Day	
In-Home	S5150	UC				\$	4.94	\$	4.99	15 minutes	Not to exceed the Nursing Facility per diem for respite care (or 6.5 hours per day)
NF	H0045	UC				\$	128.92	\$	130.21	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
TF	Intermediate Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)

### **Community Mental Health Supports**





	une so						Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Effective 10/01/2017		Effective 07/01/2018	Unit Value	Comments
Adult Day Services						,	0 172011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Basic	S5105	UC				\$	24.52	2 \$	24.77	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.3	1 \$	31.62	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp All types except Adult Day			)8 trips	, or 10 <sup>2</sup>	1 round	trips	3				
Taxi	A0100	UC	НВ			PU		TF	PUC*	1 Way Trip	
Mobility Van										<u> </u>	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	2 \$	8.92	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	4 \$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	6 \$	24.46	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	8 \$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	19.8	1 \$	3 19.81	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	8 \$	S 26.98	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR	*	١	NR*	Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	9 \$	12.19	15 Minutes	
Community Transition Se	ervices (	CTS)									
Combined Maximum of \$10	6,700.00	for Co	ordinate	or and	Items F	urch	ased				
Coordinator	T2038	UC				NR	*	١	NR*	Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR	*	١	NR*	Per Purchase	\$1,500.00 Maximum
Consumer Directed Atter			(CDAS	S)							
CDASS Homemaker	T2025	UC				\$	3.99			15 Minutes	
CDASS Personal Care CDASS Health	T2025 T2025	UC				\$	7.37			15 Minutes 15 Minutes	
Maintenance CDASS Per Member Per l	Month P	V EMC	Vonde	)r						<u> </u>	
Morning Star Financial Services- FEA	T2040	UC	venuc	JI		\$	103.2	1 \$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UC				\$	103.2	1 \$	3 103.21	Month	

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Version: 1.2 Date: 06/17/2019

Version: 1.2

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### **Community Mental Health Supports**





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2017	Effe	Rate ective 1/2018	Unit Value	Comments
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$10,000.00 Maximum
Homemaker	S5130	UC				\$	4.38	\$	4.38	15 Minutes	
Independent Living Skills Training	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat All types except Adult Day		ed to 20	)8 trips	, or 10 <sup>2</sup>	4 round	l trips					
Taxi	A0100	UC				PUC	*	PUC	*	1 Way Trip	
Mobility Van	•	•			•						
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	8.92	\$	8.92	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	16.44	\$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	24.46	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	19.81	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	26.98	1 Way Trip	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 minutes	
Personal Care	T1019	UC				\$	4.38	\$		15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.38	\$	4.38	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem	(PERS	5)							
Install/Purchase	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	dar yea	r for Re	espite (	Care p	rovided i	in an A	ACF or a	Nursing Facility	



### **Community Mental Health Supports**

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective /01/2017	_	Rate ffective /01/2018	Unit Value	Comments
Alternative Care Facility (ACF)	S5151	UC				\$ 57.81	\$	58.39	Day	
Nursing Facility	H0045	UC				\$ 128.92	\$	130.21	Day	
Transitional Behavioral Health Services	H0025	UC				\$ 25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$ 1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
HB	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
TF	Intermediate Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



### **Brain Injury**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2017	Eff	Rate ective 01/2018	Unit Value	Comments
Adult Day Services	S5102	UC				\$	51.62	\$	52.14	Day	At least 2 or more hours of attendance 1 or more days per week
Adult Day Service Transp All types except Adult Day			)4 trins	or 104	1 round	trins					
Taxi	A0100	UC	НВ	, 01 10-	riound		PUC*	T F	PUC*	1 Way Trip	
Mobility Van	7.10.00								-	1	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	\$	8.92	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	\$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	\$	24.46	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	\$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	19.81	\$	19.81	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	\$	26.98	1 Way Trip	
Assistive Technology	T2029	UC	НВ			NR*		NR*		Per Purchase	
Behavioral Programming	H0025	UC	TF			\$	14.56	\$	14.71	30 Minutes	
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Second Maximum of \$10			ordinate	or and	Items F	Purcha	ased				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda			nd Serv	/ices (	CDASS		0.00	Ι φ	0.00	lac minut	T
CDASS Homemaker CDASS Personal Care	T2025 T2025	UC				\$	3.99	\$		15 minutes 15 Minutes	
CDASS Personal Care  CDASS Health											
Maintenance	T2025	UC				\$	7.37	\$	7.37	15 minutes	
CDASS Per Member Per	Month, B	y FMS	Vendo	or							
Morning Star Financial Services- FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC-FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	

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### **Brain Injury**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod		Rate Effective		Rate ective	Unit Value	Comments
Service Description	Code	#1	#2	#3	#4		1/2017		1/2018	Offic Value	Comments
Day Treatment	H2018	UC				\$	81.90	\$	82.72	Day	At least 2 or more hours of attendance 1 or more days per week
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Lifetime Maximum, Demonstration Service
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/ Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modifications	S5165	UC				NR*		NR*		Per Mod	\$14,000.00 Lifetime Maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Independent Living Skills Training (ILST)	T2013	UC				\$	26.14	\$	26.14	Hour	
Mental Health Counseling Must obtain Department ap	_	ver 30 (	cumula	itive vis	its of c	ounse	ling				
Family	H0004	UC	HR			\$	15.04	\$		15 minutes	
Group	H0004	UC	HQ			\$	8.43	\$		15 minutes	
Individual	H0004	UC				\$	15.04	\$	15.19	15 minutes	
Non-Medical Transportat All types except Adult Day		nd to 20	11 trine	or 10	1 round	l trine					
Taxi	A0100	UC	74 tiips	, 01 102	+ IOUIIC		UC*	ь	UC*	1 Way Trip	
Mobility Van	A0100	UC				<u> </u>	UC	<u> </u>	00	i way iiip	
Mobility Van-Mileage											
Band 1 (0-10 miles)  Mobility Van-Mileage	A0120	UC				\$	8.92	\$		1 Way Trip	
Band 2 (11-20 miles)	A0120	UC	TT			\$	16.44	\$	16.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	24.46	1 Way Trip	
Wheelchair Van						ī		ī		T	T
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	10.58	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	19.81	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	26.98	1 Way Trip	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC	TG			\$	4.38	\$	4.38	15 minutes	Not to exceed 10 hours per day
Personal Care-Relative	T1019	UC	HR	TG		\$	4.38	\$	4.38	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem	(PERS	5)							



### **Brain Injury**

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate Effective 10/01/2017		Rate fective 01/2018	Unit Value	Comments
Installation	S5160	UC				NR	*	NR	*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR'	*	NR	*	Month	1 unit = 1 month
Respite Care Combined maximum of 72	0 hours p	er certi	ification	n period	for Re	spite	Care pro	vide	d In Home	or a Nursing Fa	acility
In Home	S5150	UC				\$	4.94	\$	4.99	15 minutes	All inclusive of client's needs; not to exceed 8 hours per day
NF	H0045	UC	TF			\$	121.98	\$	123.20	Day	
Substance Abuse Couns	eling										
Family	T1006	UC	HR	HF		\$	60.24	\$	60.84	Hour	
Group	H0047	UC	HQ	TF	HF	\$	33.75	\$	34.09	Hour	
Individual	H0047	UC	TF	HF		\$	60.24	\$	60.84	Hour	

	Legend
CG	Policy criteria applied
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HK	Specialized Mental Health Program for High-Risk Populations
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



### **Developmental Disabilities**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2017	Eff	Rate ective 01/2018	Unit Value	Comments
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Behavioral Services											
Behavioral Line Staff	H2019	UC				\$	6.72	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	HI	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling- Individual	H2019	UC	TF	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.52	\$	8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$	25.29	\$	25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se											
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items F	Purcha	sed				1
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Rehabilitation Maximum units of Speciali: is 7112 units per service p Prevocational Services and	lan year;	Maxim	um con	nbined	units o	f Spec	ialized H	Habilit	ation, Su		
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.39	\$	2.41	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$	2.63	\$	2.66	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	2.93	\$	2.96	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 4	T2021	UC	TF	HI	HQ	\$	3.45	\$	3.48	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.27	\$	4.31	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 6	T2021	UC	TG	HI	HQ	\$	6.13	\$	6.19	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 7	T2021	UC	sc	HQ		\$	9.65	\$	9.75	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 1	T2021	UC				\$	2.91	\$	2.94	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 2	T2021	UC	HI			\$	3.18	\$	3.21	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 3	T2021	UC	TF			\$	3.59	\$	3.63	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 4	T2021	UC	TF	HI		\$	4.13	\$	4.17	15 Minutes	Maximum 4,800 units

OF COLOR

### **Developmental Disabilities**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017		Rate fective 01/2018	Unit Value	Comments
Supported Community Connections Level 5	T2021	UC	TG			\$	4.97	\$	5.02	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 6	T2021	UC	TG	Н		\$	6.53	\$	6.60	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 7	T2021	UC	sc			\$	9.65	\$	9.75	15 Minutes	Maximum 4,800 units
Dental	D2999	UC	НІ			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Non Medical Transportat Maximum of 508 trips (all r		ands) į	oer Ser	vice Pl	an yea	r.					
Transportation Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.20	\$	6.20	1 Trip	
Transportation Mileage Band 2 (11-20 Miles)	T2003	UC	HI			\$	12.98	\$	12.98	1 Trip	
Transportation Mileage Band 3 (over 20 miles)	T2003	UC	TF			\$	19.76	\$	19.76	1 Trip	
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Prevocational Services Maximum units of Speciali is 7112 units per service p Prevocational Services an Prevocational Services	lan year;	Maxim	um con	nbined	units o	f Spe	ecialized H	labil	itation, Sι		
Level 1	T2015	UC	HQ			\$	2.39	\$	2.41	15 Minutes	Maximum 4,800 units
Prevocational Services Level 2	T2015	UC	HI	HQ		\$	2.63	\$	2.66	15 Minutes	Maximum 4,800 units
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	2.93	\$	2.96	15 Minutes	Maximum 4,800 units
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.45	\$	3.48	15 Minutes	Maximum 4,800 units
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.27	\$	4.31	15 Minutes	Maximum 4,800 units
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.13	\$	6.19	15 Minutes	Maximum 4,800 units
Residential Services											
Group Home Level 1	T2016	UC	HQ			\$	89.51	\$		Day	
Group Home Level 2	T2016	UC	HI	HQ		\$	117.81	\$		Day	
Group Home Level 3	T2016	UC	TF	HQ		\$	138.79	\$	140.18	Day	

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#### **Developmental Disabilities**

#### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
Group Home Level 4	T2016	UC	TF	HI	HQ	\$ 163.96	\$ 165.60	Day	
Group Home Level 5	T2016	UC	TG	HQ		\$ 181.12	\$ 182.93	Day	
Group Home Level 6	T2016	UC	TG	Η	HQ	\$ 214.32	\$ 216.46	Day	
Group Home Level 7	T2016	UC	SC	HQ		NR*	NR*	Day	
Personal Care Alternative Level 1	T2016	UC				\$ 65.80	\$ 66.46	Day	
Personal Care Alternative Level 2	T2016	UC	HI			\$ 106.33	\$ 107.39	Day	
Personal Care Alternative Level 3	T2016	UC	TF			\$ 129.92	\$ 131.22	Day	
Personal Care Alternative Level 4	T2016	UC	TF	HI		\$ 158.18	\$ 159.76	Day	
Personal Care Alternative Level 5	T2016	UC	TG			\$ 181.76	\$ 183.58	Day	
Personal Care Alternative Level 6	T2016	UC	TG	HI		\$ 228.43	\$ 230.71	Day	
Personal Care Alternative Level 7	T2016	UC	sc			NR*	NR*	Day	
Host Home Level 1	T2016	UC	TT			\$ 61.03	\$ 61.64	Day	
Host Home Level 2	T2016	UC	HI	TT		\$ 98.61	\$ 99.60	Day	
Host Home Level 3	T2016	UC	TF	TT		\$ 120.48	\$ 121.68	Day	
Host Home Level 4	T2016	UC	TF	Н	TT	\$ 146.70	\$ 148.17	Day	
Host Home Level 5	T2016	UC	TG	TT		\$ 168.56	\$ 170.25	Day	
Host Home Level 6	T2016	UC	TG	HI	TT	\$ 211.86	\$ 213.98	Day	
Host Home Level 7	T2016	UC	SC	TT		NR*	NR*	Day	

#### Supported Employment

Version: 1.2

Date: 06/17/2019

Maximum units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment is 7112 units per service plan year; Maximum combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services and Supported Employment is 4800 units per service plan year

							•		
Supported Employment Group Level 1	T2019	UC	HQ			\$ 3.20	\$ 3.23	15 Minutes	
Supported Employment Group Level 2	T2019	UC	Н	HQ		\$ 3.51	\$ 3.55	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$ 3.90	\$ 3.94	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	Н	HQ	\$ 4.51	\$ 4.56	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$ 5.39	\$ 5.44	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	HI	HQ	\$ 7.04	\$ 7.11	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	SC			\$ 13.20	\$ 13.33	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$ 4.21	\$ 4.25	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$ 13.20	\$ 13.33	15 Minutes	
Job Development Levels 3-4	H2023	UC	Н			\$ 13.20	\$ 13.33	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$ 13.20	\$ 13.33	15 Minutes	
Job Placement	H2024	UC				\$ 1.00	\$ 1.00	Dollar	

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### **Developmental Disabilities**

Version: 1.2

Date: 06/17/2019

# Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate Effective 10/01/2017		Rate fective 01/2018	Unit Value	Comments
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Specialized Medical Equ	ipment a	nd Sup	plies								
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	Services may be authorized by a CCB up the DDD pre-established
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	thresholds, beyond which DDD prior authorization is required.
Vision	V2799	UC	HI			\$	1.00	\$	1.00	Per Procedure	\$1,000.00 Maximum

	Legend
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)

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### **Supported Living Services**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2017	Effe	ate ective 1/2018	Unit Value	Comments
Assistive Technology	T2035	UC				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19)
Behavioral Services											
Behavioral Line Staff	H2019	UC				\$	6.72	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	НІ	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling Individual	H2019	UC	TF	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.52	\$	8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$	25.29	\$	25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition S	•	•									
Combined Maximum of \$1	6,700.00	tor Cod	ordinate	or and	Items F	urcha	sed	1		T	<u> </u>
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Habilitation Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Suppoi	rted Con	nmunit	y Conne	ections, Prevoca	tional Services, and
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.39	\$	2.41	15 Minutes	
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$	2.63	\$	2.66	15 Minutes	
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Specialized Habilitation Level 4	T2021	UC	TF	HI	HQ	\$	3.45	\$	3.48	15 Minutes	
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.27	\$	4.31	15 Minutes	
Specialized Habilitation Level 6	T2021	UC	TG	HI	HQ	\$	6.13	\$	6.19	15 Minutes	
Supported Community Connections Level 1	T2021	UC				\$	2.91	\$	2.94	15 Minutes	
Supported Community Connections Level 2	T2021	UC	HI			\$	3.18	\$	3.21	15 Minutes	

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### **Supported Living Services**

### Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2017	Ef	Rate fective 01/2018	Unit Value	Comments
Supported Community Connections Level 3	T2021	UC	TF			\$	3.59	\$	3.63	15 Minutes	
Supported Community Connections Level 4	T2021	UC	TF	HI		\$	4.13	\$	4.17	15 Minutes	
Supported Community Connections Level 5	T2021	UC	TG			\$	4.97	\$	5.02	15 Minutes	
Supported Community Connections Level 6	T2021	UC	TG	HI		\$	6.53	\$	6.60	15 Minutes	
Dental	D2999	UC	НІ			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Home Accessibility Adaptations	S5165	UC				\$	1.00	\$	1.00	Dollar	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)
Homemaker											
Basic	S5130	UC	HI			\$	4.31	\$	4.31	15 Minutes	
Enhanced	S5130	SC	TF			\$	6.21	\$	6.21	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Mentorship	H2021	UC				\$	10.14	\$	10.24	15 Minutes	Maximum of 192 units/year.
Non Medical Transportat Maximum of 208 trips (all r		ands) r	oer Ser	vice Pl	an vea	r					
Mileage Band 1 (0-10 Miles)	T2003	UC	3. 001		<i>j</i> od	\$	6.20	\$	6.20	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	UC	HI			\$	12.98	\$	12.98	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	UC	TF			\$	19.76	\$	19.76	1 Trip	
Mileage not in Day Program	T2003	UC	НВ			\$	6.20	\$	6.20	4 Trips per week	4 Trips Per Week (Mileage band 1)



### **Supported Living Services**

Version: 1.2

Date: 06/17/2019

### Effective July 1, 2018-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod	Ff	Rate fective	F	Rate ffective	Unit Value	Comments
Get vice Description	Code	#1	#2	#3	#4		01/2017		/01/2018	Omit value	Comments
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Personal Emergency Response System (PERS)	S5161	UC				\$	1.00	\$	1.00	Dollar	
Personal Care	T1019	UC	TF			\$	5.02	\$	5.02	15 Minutes	
Prevocational Services Maximum combined units per year.	of Specia	lized H	abilitat	ion, Su	pported	d Co	mmunity (	Conr	nections a	nd Supported Er	nployment is 7,112 units
Prevocational Services Level 1	T2015	UC	HQ			\$	2.39	\$	2.41	15 Minutes	
Prevocational Services Level 2	T2015	UC	Ī	HQ		\$	2.63	\$	2.66	15 Minutes	
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Prevocational Services Level 4	T2015	UC	TF	Ī	HQ	\$	3.45	\$	3.48	15 Minutes	
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.27	\$	4.31	15 Minutes	
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.13	\$	6.19	15 Minutes	
Professional Services											
Massage Therapy	97124	UC				\$	18.91	\$	19.10	15 Minutes	
Movement Therapy Bachelors	G0176	UC	HN			\$	15.77	\$	15.93	15 Minutes	
Movement Therapy Masters	G0176	UC				\$	23.11	\$	23.34	15 Minutes	
Hippotherapy Individual	S8940	UC	110			\$	21.01	\$		15 Minutes	
Hippotherapy Group Rec Pass Access Fee	S8940 S5199	UC	HQ			\$	8.93 1.00	<b>\$</b>		15 Minutes Dollar	
Respite Care	00188	00				Ψ	1.00	Ψ	1.00	Dollal	<u>I</u>
Individual	S5150	UC	TG			\$	5.02	\$	5.07	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	UC	TG			\$	200.68	\$	202.69	1 Day	hours) in a 24 hour period.
Group	S5151	UC	HQ	TG		\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp	T2036	UC				\$	1.00	\$	1.00	Dollar	for Individual Respite.
Specialized Medical Equi	ipment a	nd Sup	plies								



## **Supported Living Services**

# Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2017	Eff	Rate ective 1/2018	Unit Value	Comments
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported I Habilitation, Supported Co Supported Employment	mmunity	Conne	ctions a			onal Se	ervices,	which	are limi	ted to a maximui	
Group Level 1	T2019	UC	HQ			\$	3.20	\$	3.23	15 Minutes	
Supported Employment Group Level 2	T2019	UC	Н	HQ		\$	3.51	\$	3.55	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	3.90	\$	3.94	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	НІ	HQ	\$	4.51	\$	4.56	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.39	\$	5.44	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	НІ	HQ	\$	7.04	\$	7.11	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	Ħ			\$	13.20	\$	13.33	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.21	\$	4.25	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	13.20	\$	13.33	15 Minutes	
Job Development Levels 3-4	H2023	UC	Н			\$	13.20	\$	13.33	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	13.20	\$	13.33	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$		Dollar	
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	UC				NR*		NR*		Per Mod	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)

	Legend
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)

1.00 \$



\$1,000.00 Maximum

Version: 1.2 Date: 06/17/2019

Vision

V2799

UC

1.00 Per Procedure

### **Supported Living Services**

Version: 1.2 Date: 06/17/2019

# Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments			
HF	Substar	ice Ab	use Program									
HI	Integrat	ed Mer	ntal He	alth/In	tellectu	ual and Devel	opmental Disa	abilities prograi	m			
HN	Bachelo	r's De	gree Le	evel								
HQ	Group S	etting										
NR*	Negotia	ted Ra	te, will	vary b	y clien	t						
TF	Interme	diate L	evel of	Care								
TG	Comple	Complex/High Tech Level of Care										
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)											

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## Colorado Choice Transitions: Effective July 1, 2018-June 30, 2019



ADJUSTMENT TABLE		
WAIVER TYPE	PERCENTAGE INCREASE	MULTIPLIER
CCT EBD	1.000%	1.01000
CCT CMHS	1.000%	1.01000
CCT BI	1.000%	1.01000
CCT DD	1.000%	1.01000
CCT SLS	1.000%	1.01000

